

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street)

655 Beach Street

☐Check if different  
than previously  
reported. (ACC)

San Francisco

CA

94109

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00196246

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☒

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

03

01

2007

through

03

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Benjamin Bank

Signature of Treasurer

Electronically Filed by Benjamin Bank

Date

04

02

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2007</span>		683911.43
(b) Cash on Hand at Beginning of Reporting Period .....	690980.14	
(c) Total Receipts (from Line 19) .....	15686.87	80771.68
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	706667.01	764683.11
7. Total Disbursements (from Line 31) .....	30462.39	88478.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	676204.62	676204.62
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	14586.25	69973.75
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	1045.00	10629.25
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	15631.25	80603.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	15631.25	80603.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	55.62	168.68
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	15686.87	80771.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15686.87	80771.68

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	462.39	1518.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	462.39	1518.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29000.00	84500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	1000.00	2460.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	1000.00	2460.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	30462.39	88478.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	30462.39	88478.49

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	15631.25	80603.00
34. Total Contribution Refunds (from Line 28(d)) .....	1000.00	2460.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14631.25	78143.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	462.39	1518.49
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	462.39	1518.49

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Gary Abrams		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 8 / 2 0 0 7	
Mailing Address Kresge Eye Institute 4717 St. Antoine		<b>Transaction ID:</b> 5LA3XDA57ON16	
City Detroit	State MI	Zip Code 48201	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C		<b>PACWEB GENERATED CONTRIBUTION</b>	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Robert Behar		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 5 / 2 0 0 7	
Mailing Address 2610 E Allegheny Avenue		<b>Transaction ID:</b> 92957-00544375181198	
City Philadelphia	State PA	Zip Code 19134-5104	Amount of Each Receipt this Period 91.25
FEC ID number of contributing federal political committee. C		<b>PAC 4th of 4</b>	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 273.75		
<b>C.</b> Full Name (Last, First, Middle Initial) William Clifford		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 2 / 2 0 0 7	
Mailing Address Suite 101 310 E Walnut Street		<b>Transaction ID:</b> CZPVNA804850	
City Garden City	State KS	Zip Code 67846-5560	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C		<b>Batch Tool - PAC</b>	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00		

**SUBTOTAL** of Receipts This Page (optional) .....

821.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

PAGE 7 / 24

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Scott Corin		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 6 / 2 0 0 7	
Mailing Address 500 Faunce Corner Road Building 100 Suite 110		<b>Transaction ID:</b> 5E4XV8944Q6F2	
City North Dartmouth State MA Zip Code 02747-1278		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<b>PACWEB GENERATED CONTRIBUTION</b>	
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Gary Cowan		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 4 / 2 0 0 7	
Mailing Address Suite 3200 1350 S Main Street		<b>Transaction ID:</b> 09077-54545229673386	
City Fort Worth State TX Zip Code 76104-7669		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<b>PAC 3rd of 4</b>	
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	
<b>C.</b> Full Name (Last, First, Middle Initial) William Deegan		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 5 / 2 0 0 7	
Mailing Address Retina Group of Washington 6355 Walker Lane Suite 502		<b>Transaction ID:</b> 92957-46674746274948	
City Alexandria State VA Zip Code 22310		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>		<b>PAC 3rd of 4</b>	
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

**SUBTOTAL** of Receipts This Page (optional) .....

875.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 8 / 24

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Geoffrey Garrett

Mailing Address Highland Clinic  
1455 E Bert Kouns

City State Zip Code  
Shreveport LA 71105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 7 / 2 0 0 7

Transaction ID: 1NO744042553

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

James Gills

Mailing Address PO Box 5000  
43309 US Highway 19 North

City State Zip Code  
Tarpon Springs FL 34688-5000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 7

Transaction ID: 55SRLOZ25CG9M

Amount of Each Receipt this Period

500.00

PACWEB GENERATED CONTRIBU-  
TION

C. Full Name (Last, First, Middle Initial)

Lealis Hale

Mailing Address White Wilson Medical Center  
1005 Mar Walt Drive

City State Zip Code  
Fort Walton Beach FL 32547-6796

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 2 / 2 0 0 7

Transaction ID: 63459-58082216978073

Amount of Each Receipt this Period

125.00

PAC 2nd of 4

SUBTOTAL of Receipts This Page (optional) .....

1125.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 9 / 24

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Gary Hirshfield		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 9 / 2 0 0 7	
Mailing Address Suite 102 4231 Colden Street		<b>Transaction ID:</b> 32866-10880678892135	
City Flushing	State NY	Zip Code 11355-3981	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C		PAC 2nd of 4	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Mark Hughes		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 2 / 2 0 0 7	
Mailing Address Suite 600 50 Staniford Street		<b>Transaction ID:</b> 32472-43352907896042	
City Boston	State MA	Zip Code 02114-2539	Amount of Each Receipt this Period 1093.75
FEC ID number of contributing federal political committee. C		PAC 2nd of 4	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 2500.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Jerry Hunsaker		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 4 / 2 0 0 7	
Mailing Address Suite 106 4707 Everhart Road		<b>Transaction ID:</b> GJ8LPC614578	
City Corpus Christi	State TX	Zip Code 78411-2752	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 1000.00		

**SUBTOTAL** of Receipts This Page (optional) .....

2218.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 10 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Allan Jensen Mailing Address Suite 426 200 E 33rd Street City State Zip Code Baltimore MD 21218-3381 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> 82BQA7640751 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
<b>B.</b> Full Name (Last, First, Middle Initial) Randolph Johnston Mailing Address Cheyenne Eye Clinic 1300 E 20th Street City State Zip Code Cheyenne WY 82001 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 7 <b>Transaction ID:</b> 09077-62580507993698 Amount of Each Receipt this Period 250.00 PAC 3rd of 4
<b>C.</b> Full Name (Last, First, Middle Initial) Jeffrey Ward Kalenak Mailing Address 2600 N Mayfair Road Suite 600 City State Zip Code Milwaukee WI 53226-1374 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 0 / 2 0 0 7 <b>Transaction ID:</b> 0822148 Amount of Each Receipt this Period 500.00 Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 11 / 24

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Gregory Kwasny Mailing Address Suite 1030 2300 N Mayfair Road City Milwaukee State WI Zip Code 53226-1556 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> 82BQA7325382 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
<b>B.</b> Full Name (Last, First, Middle Initial) William Lee Mailing Address 349 Folly Road City Charleston State SC Zip Code 29412-2508 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 7 / 2 0 0 7 <b>Transaction ID:</b> 1NO744538666 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
<b>C.</b> Full Name (Last, First, Middle Initial) Worldster S Lee Mailing Address Suite 400 1712 Liliha Street City Honolulu State HI Zip Code 96817-3114 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 0 / 2 0 0 7 <b>Transaction ID:</b> 0474944 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1730.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Malcolm Mazow Mailing Address 2855 Gramercy City State Zip Code Houston TX 77025-1635 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 273.75		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> 62895-93915957212449 Amount of Each Receipt this Period 91.25 PAC 3rd of 4
<b>B.</b> Full Name (Last, First, Middle Initial) C McCarty Mailing Address 7411 Wallace Boulevard City State Zip Code Amarillo TX 79106-1835 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 9 / 2 0 0 7 <b>Transaction ID:</b> 62895-11402529478073 Amount of Each Receipt this Period 100.00 PAC 4th of 4
<b>C.</b> Full Name (Last, First, Middle Initial) M Lisa McHam Mailing Address 2110 Dorchester Avenue City State Zip Code Boston MA 02124-5628 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 2 / 2 0 0 7 <b>Transaction ID:</b> 5BR3RVGD5QJ4J Amount of Each Receipt this Period 500.00 PACWEB GENERATED CONTRIBU- TION

**SUBTOTAL** of Receipts This Page (optional) .....

691.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Amalia Miranda Mailing Address 3435 Northwest 56th Street Building A # 1010 City State Zip Code Oklahoma City OK 73112-4448 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 4 / 2 0 0 7 <b>Transaction ID:</b> 09077-58750551939011 Amount of Each Receipt this Period 250.00 PAC 3rd of 4
<b>B.</b> Full Name (Last, First, Middle Initial) Mansoor Movaghar Mailing Address Apt. A 305 N Blount Street City State Zip Code Madison WI 53703-3956 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 7 <b>Transaction ID:</b> 63459-93963259458542 Amount of Each Receipt this Period 75.00 PAC 3rd of 4
<b>C.</b> Full Name (Last, First, Middle Initial) Andrew Packer Mailing Address Suite 822 85 Seymour Street City State Zip Code Hartford CT 06106-5527 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 7 <b>Transaction ID:</b> BLO8CF822841 Amount of Each Receipt this Period 500.00 Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

**825.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Charles Peter Mailing Address 2305 Tinkham Road City Akron State OH Zip Code 44313-4467 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 3 / 2 0 0 7 <b>Transaction ID:</b> 5GWBD2HWA9E23 Amount of Each Receipt this Period 500.00 PACWEB GENERATED CONTRIBU- TION
<b>B.</b> Full Name (Last, First, Middle Initial) John Peters Mailing Address 7802 Davenport Street City Omaha State NE Zip Code 68114-3629 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 273.75		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 9 / 2 0 0 7 <b>Transaction ID:</b> 63459-95386904478074 Amount of Each Receipt this Period 91.25 PAC 4th of 4
<b>C.</b> Full Name (Last, First, Middle Initial) Byron Riegel Mailing Address 2830 West Main Street City Visalia State CA Zip Code 93291-4331 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 2 / 2 0 0 7 <b>Transaction ID:</b> CZPVNA618442 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1591.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Steven Rubin		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 0 / 2 0 0 7	
Mailing Address Division Ped Opth Suite 220 600 Northern Boulevard		<b>Transaction ID:</b> 0057114	
City State Zip Code Great Neck NY 11021	<b>Amount of Each Receipt this Period</b> 250.00		
FEC ID number of contributing federal political committee. C	Batch Tool - PAC		
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
<b>B.</b> Full Name (Last, First, Middle Initial) Ralph Sando		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 3 / 2 0 0 7	
Mailing Address 101 Laurier Place		<b>Transaction ID:</b> 63459-64051455259323	
City State Zip Code Bryn Mawr PA 19010-2247	<b>Amount of Each Receipt this Period</b> 125.00		
FEC ID number of contributing federal political committee. C	PAC 4th of 4		
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 375.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
<b>C.</b> Full Name (Last, First, Middle Initial) Delia Sang		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 2 / 2 0 0 7	
Mailing Address 73 Chatham Street		<b>Transaction ID:</b> 55448-92730349302292	
City State Zip Code Brookline MA 02446-5451	<b>Amount of Each Receipt this Period</b> 1093.75		
FEC ID number of contributing federal political committee. C	PAC 2nd of 4		
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 2500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

**SUBTOTAL** of Receipts This Page (optional) .....

1468.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Kevin Scott		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address 3700 Joseph Siewick Drive Suite 40 Eye Plastic Assoc Pc		<b>Transaction ID:</b> 82BQRA456300
City State Zip Code Fairfax VA 22033-1745	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Batch Tool - PAC
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b> Full Name (Last, First, Middle Initial) Mitchell Brian Stein		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 5 / 2 0 0 7
Mailing Address 69 S Moger Avenue		<b>Transaction ID:</b> 92957-36123293638229
City State Zip Code Mount Kisco NY 10549-2217	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>		PAC 3rd of 4
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 375.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b> Full Name (Last, First, Middle Initial) Marion Joseph Stoj		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address 43 Woodland Street		<b>Transaction ID:</b> D0UXT1782739
City State Zip Code Hartford CT 06105-2363	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>		Batch Tool - PAC
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		1490.00
<b>TOTAL</b> This Period (last page this line number only) .....		



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 17 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Lyle Thorstenson		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 7
Mailing Address PO Box 632020		<b>Transaction ID:</b> 63459-75432986021042
City Nacogdoches	State TX	Zip Code 75963-2020
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	PAC 3rd of 4
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Aaron Weingeist		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 7
Mailing Address 3934 S Americus Street		<b>Transaction ID:</b> 63459-77355593442917
City Seattle	State WA	Zip Code 98118-1640
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer self	Occupation Ophthalmologist	PAC 3rd of 4
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Carol Ziel		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address McKinley and Ziel Ophthalmology 2025 Frontis Plaza Boulevard Suite		<b>Transaction ID:</b> 62895-05599611997604
City Winston Salem	State NC	Zip Code 27103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer self	Occupation Ophthalmologist	PAC 4th of 4
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

14586.25

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A.** Union Bank

Mailing Address 400 California Street

City  
San Francisco

State  
CA

Zip Code  
94104

Purpose of Disbursement  
Bank charges 3/07

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 9677800704025603528

Date of Disbursement

/   /

Amount of Each Disbursement this Period

462.39

**SUBTOTAL** of Disbursements This Page (optional) .....

462.39

**TOTAL** This Period (last page this line number only) .....

462.39

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A.** Charles Boustany Jr Md for Congress Inc

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement  
2008 Primary

Candidate Name  
Boustany Charles

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 07

Transaction ID: 4520160703145907529

Date of Disbursement

03 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Committee To Elect Chris Murphy

Mailing Address PO Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement  
2008 Primary

Candidate Name  
Murphy Christopher

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 05

Transaction ID: 6772990703204842046

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** Earl Pomeroy for Congress

Mailing Address PO Box 9336

City Fargo State ND Zip Code 58106

Purpose of Disbursement  
2008 Primary

Candidate Name  
Pomeroy Earl

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ND District: 01

Transaction ID: 9584770703204838280

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A.** Friends of Ginny Brown-Waite

Mailing Address 704 Ponce De Leon Boulevard

City Brooksville State FL Zip Code 34601

Purpose of Disbursement  
2008 Primary

Candidate Name  
Brown-Waite Virginia

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 05

Transaction ID: 5914460703145915140

Date of Disbursement

03 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Friends of John Tanner

Mailing Address Post Office Box 1994  
Post Office Box 1994

City Union City State TN Zip Code 38281

Purpose of Disbursement  
2008 Primary

Candidate Name  
Tanner John

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 08

Transaction ID: 5123880703145922415

Date of Disbursement

03 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Friends of Sessions Senate Committee Inc

Mailing Address PO Box 4278

City Montgomery State AL Zip Code 36103

Purpose of Disbursement  
2008 Primary

Candidate Name  
Sessions Jeff

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District: 00

Transaction ID: 2178910703294833664

Date of Disbursement

03 / 29 / 2007

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A.** Hooley for Congress

Mailing Address PO Box 2050

City Salem State OR Zip Code 97308

Purpose of Disbursement  
2008 Primary

Candidate Name  
Hooley Darlene

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 05

Transaction ID: 6680040703294835479

Date of Disbursement

03 / 29 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Hoosiers Supporting Buyer for Congress

Mailing Address 200 North Main St. PO Box 712  
200 North Main St. PO Box 712

City Monticello State IN Zip Code 47960

Purpose of Disbursement  
2008 Primary

Candidate Name  
Buyer Stephen

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 04

Transaction ID: 9275630703145910634

Date of Disbursement

03 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Kind for Congress Committee

Mailing Address 205 South 5th Avenue  
Suite 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement  
2008 Primary

Candidate Name  
Kind Ron

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 03

Transaction ID: 1966620703145897815

Date of Disbursement

03 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A.** Legpac

Mailing Address 38 Ivy Street Southeast

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2007 Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 5637120703204831580

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Pallone for Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
2008 Primary

Candidate Name  
Pallone Frank

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 06

Transaction ID: 9439600703204836339

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** People for Enterprise Trade and Economic Growth

Mailing Address 7804 Evening Lane

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
2007 Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 6876330703204834396

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

## **A. Price for Congress**

Mailing Address PO Box 425

City  
Roswell

State  
GA

Zip Code  
30077

Purpose of Disbursement  
2008 Primary

Candidate Name  
Price Thomas

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 06

Transaction ID: 4195020703145913190

Date of Disbursement

03 / 15 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. Richard E Neal for Congress Committee**

Mailing Address 76 Magnolia Terrace

City  
Springfield

State  
MA

Zip Code  
01108

Purpose of Disbursement  
2008 Primary

Candidate Name  
Neal Richard

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 02

Transaction ID: 4542350703145905398

Date of Disbursement

03 / 15 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

## **C. Texans for Senator John Cornyn Inc**

Mailing Address 6850 Austin Centre Boulevard  
Suite 180

City  
Austin

State  
TX

Zip Code  
78731

Purpose of Disbursement  
2008 Primary

Candidate Name  
Cornyn John

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 00

Transaction ID: 5103060703294830159

Date of Disbursement

03 / 29 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

29000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. John Haley

Mailing Address Suite B  
1626 Forest Lane S

City State Zip Code  
Garland TX 75042-7943

Purpose of Disbursement  
refund of 2/07 contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 99336-24120730161667

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

1000.00